



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:120
3-JTS-4C-22, 24, 37
3-JDF-4C-21, 22, 35, 39
3-JCRF-4C-06, 09
1-JBC-4C-22, 24, 35
NCCHC Y-G-05

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Suicide Prevention/Intervention	
POLICY NUMBER: DJJ 405.4	
TOTAL PAGES: 3	
EFFECTIVE DATE: 4/4/2014	
APPROVAL: A. Hasan Davis	, COMMISSIONER

I. POLICY

Youth shall be screened upon admission and continually monitored thereafter in order to assess the risk for self-harm or suicide and maintain physical safety.

II. APPLICABILITY

This policy shall apply to all youth development centers and group homes and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Intake, Reception and Orientation) and (Suicide Prevention and Intervention).

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

- A. Youth shall be screened upon admission by a Qualified Mental Health Professional (QMHP) or trained designee for suicide risk factors.
- B. Staff shall be trained regarding recognition of verbal and behavioral cues and to observe for signs of vulnerability that indicate potential suicidal behavior. Staff shall be trained to recognize high-risk behaviors and high-risk periods of potential suicidal behavior.
- C. The designated QMHP shall be informed if a youth is noted to have risk factors, has expressed any intent to harm themselves or has actually made an attempt at self-harm. The youth shall be kept safe on one-to-one supervision until evaluated by a QMHP. The facility nursing staff shall be contacted in the event of a suicide attempt.
- D. The QMHP shall assign one of the following levels of precaution:

POLICY NUMBER DJJ 405.4	EFFECTIVE DATE 4/4/2014	PAGE NUMBER 2 of 3
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1. HIGH-LEVEL OBSERVATION

In most circumstances, this level shall pertain to youth who have actually recently attempted suicide or who are deemed at high risk of self-harm. The youth shall be assigned one-to-one supervision and placed in an area designated as safe. A youth may also be within arm's length of a staff member at all times. One-to-one supervision shall be required until determined by a QMHP and a mental health evaluation. In facilities with a control center the youth may be watched through the room's video camera after a mental health evaluation and the approval of a QMHP. Interactive contact shall be made at staggered intervals of no more than 15 minutes. Staff shall remain ready to intervene rapidly in the event of an emergency. The youth shall be searched for possession of any potentially harmful objects such as glass, pins, pencils, pens, and matches. Plastic bags shall be removed. In cases where a youth has used his own clothing to make a suicide attempt, the youth's clothing may be removed and the youth placed in a paper gown. A same sex staff member shall visually supervise toileting and bathing. Transfer to an acute psychiatric setting shall be considered.

2. MODERATE-LEVEL OBSERVATION

This level shall pertain to youth that the mental health professional feels are at moderate risk for suicide. Searches as described under High-Level Observation shall be conducted. The youth shall be observed at staggered intervals of no more than 15 minutes while awake and asleep. Toileting and bathing may or may not be visually supervised depending on staff discretion; if visually supervised, it shall be performed by a same sex staff member; if visually unsupervised, staff shall be standing close by with the door slightly ajar. The youth may have bedding; however, if the youth verbalizes intent to harm himself bedding shall be removed and the QMHP consulted.

E. Documentation of the placement on suicide precaution shall be made into the youth's progress notes on the date of the incident by the attending Youth Worker staff in accordance with DJJPP Chapter 3 (Progress Notation). The observation shall be documented at staggered intervals of no more than 15 minutes, High-Level or Moderate-Level Observation of a youth. Information recorded shall include:

1. Checks of the youth conducted; including notation of bruises or other trauma markings. High-Level Observation requires the direct and continuous supervision of staff; however, the documentation shall be made at intervals at staggered intervals of no more than 15 minutes and shall involve personal contact with the youth.

POLICY NUMBER DJJ 405.4	EFFECTIVE DATE 4/4/2014	PAGE NUMBER 3 of 3
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2. Behavioral observation and problems with youth shall be noted in the observation log and the supervisor shall be notified of any existing problems. The observations may include comments regarding the youth's attitude and outlook. Significant data, as defined by the psychologist or QMHP, shall immediately be relayed by the supervisor to the superintendent or designee.
- F. Suicide precautions may be discontinued or lowered by the QMHP with notification to the superintendent and/or Administrative Duty Officer (ADO).
 - G. A youth who is suicidal may only be placed in isolation if they present an immediate assault risk to staff or other youth as evidenced by physical actions and other less restrictive interventions have failed or are not appropriate. One-to-one supervision shall be required until determined by a QMHP and a mental health evaluation. In facilities with a control center the youth may be watched through the room's video camera after a mental health evaluation and the approval of a QMHP. Staff shall follow protocol for dealing with mental health emergencies and suicide prevention/intervention for youth, who have been placed in Isolation and expresses suicidal ideation.
 - H. In the event of staffing shortages or facility emergencies, youth on suicide precaution shall take priority. The Superintendent shall be notified immediately of the need for additional staffing. Youth whose behavior presents serious danger to self or others and requires constant protective supervision beyond the capabilities of the program shall be immediately referred for inpatient psychiatric care or other protective care in accordance with DJJPP Chapter 4 (Psychiatric Hospitalization).
 - I. Suicide and suicide attempts shall be documented on an incident report in accordance with DJJPP Chapter 3 (Incident Reporting) or Chapter 7(Critical Incident Reports). In the event of a completed suicide, reference DJJPP Chapter 1 (Death of a Youth) for procedural instructions.

V. MONITORING MECHANISM

The Chief of Mental Health Services or designee, Regional and facility-based psychologists, the Quality Assurance Branch, and the Division of Program Services shall monitor this activity.